

Your EZ REIMBURSE® Card Order Form

**If you wish to receive the
EZ REIMBURSE® Card or continue
using your current card, you must
complete this form!**



EZ REIMBURSE® MasterCard® Card Request

Return this form to FBMC at P.O. Box 1878, Tallahassee, FL 32302-1878 **ATTN: Enrollment Processing** or
Fax to FBMC at 850-425-6220.

Employee ID #:

Name:

Home Address:

City:

State:

ZIP:

Daytime Phone:

Home Phone:

E-mail:

Yes, I elect to take advantage of the EZ REIMBURSE® Card for the upcoming plan year.

Signature:

Date:

Keep a copy of this form for your records.

DEADLINE TO ENROLL:

12/2/05

**If you do not submit this form to FBMC by December 2, 2005,
your EZ REIMBURSE® Card will be deactivated on January 1, 2006.
Submission of this form will authorize a \$10 card fee,
deducted from your Medical Care FSA.**



P.O. Box 1878 | Tallahassee, FL 32302-1878 | www.myfbmc.com/michigan | 800.342.8017